

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 1201 Session of 2022

INTRODUCED BY PITTMAN, KANE, LAUGHLIN, SANTARSIERO, SCAVELLO, COSTA, J. WARD, ROBINSON, MARTIN, MASTRIANO, ARGALL, PHILLIPS-HILL, L. WILLIAMS AND STEFANO, APRIL 21, 2022

SENATOR DiSANTO, BANKING AND INSURANCE, AS AMENDED, JUNE 15, 2022

AN ACT

1 Amending the act of May 17, 1921 (P.L.682, No.284), entitled "An
2 act relating to insurance; amending, revising, and
3 consolidating the law providing for the incorporation of
4 insurance companies, and the regulation, supervision, and
5 protection of home and foreign insurance companies, Lloyds
6 associations, reciprocal and inter-insurance exchanges, and
7 fire insurance rating bureaus, and the regulation and
8 supervision of insurance carried by such companies,
9 associations, and exchanges, including insurance carried by
10 the State Workmen's Insurance Fund; providing penalties; and
11 repealing existing laws," in casualty insurance, providing
12 for coverage for refill of prescription eye drops.

13 The General Assembly of the Commonwealth of Pennsylvania
14 hereby enacts as follows:

15 Section 1. The act of May 17, 1921 (P.L.682, No.284), known
16 as The Insurance Company Law of 1921, is amended by adding a
17 section to read:

18 Section 635.8. Coverage for Refill of Prescription Eye
19 Drops.--(a) A health insurance policy offered, issued or
20 renewed in this Commonwealth shall provide coverage for a
21 prescription eye drops refill if the refill:

22 (1) ~~Complies with one of the following~~ IS REQUESTED:

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1 (i) For a thirty-day supply, between twenty-one and thirty
2 days of the later of:

3 (A) the original date the prescription was distributed to
4 the insured; or

5 (B) the date the most recent refill was distributed to the
6 insured.

7 (ii) For a sixty-day supply, between forty-two and sixty
8 days from the later of:

9 (A) the original date the prescription was distributed to
10 the insured; or

11 (B) the date the most recent refill was distributed to the
12 insured.

13 (iii) For a ninety-day supply, between sixty-three and
14 ninety days from the later of:

15 (A) the original date the prescription was distributed to
16 the insured; or

17 (B) the date the most recent refill was distributed to the
18 insured.

19 (2) Is prescribed by a HEALTH CARE practitioner and is a <--
20 covered benefit under the health insurance policy of the
21 insured.

22 (3) ~~Regardless of timing, does~~ DOES not exceed the total <--
23 number of refills indicated on the original prescription.

24 (b) As used in this section, the term "health insurance <--
25 policy" AS USED IN THIS SECTION: <--

26 "HEALTH INSURANCE POLICY" means an individual or group
27 insurance policy, subscriber contract, certificate or plan
28 issued by a health AN insurer that provides medical or health <--
29 care coverage, including emergency services. The term does not
30 include:

1 (1) An accident only policy.
2 (2) A credit only policy.
3 (3) A long-term care or disability income policy.
4 (4) A specified disease policy.
5 (5) A medicare supplement policy.
6 (6) A TRICARE policy, including a Civilian Health and
7 Medical Program of the Uniformed Services (CHAMPUS) supplement
8 policy.
9 (7) A fixed indemnity policy.
10 (8) A HOSPITAL INDEMNITY POLICY. <--
11 ~~(8)~~ (9) A dental only policy. <--
12 ~~(9)~~ (10) A vision only policy. <--
13 ~~(10)~~ (11) A workers' compensation policy. <--
14 ~~(11)~~ (12) An automobile medical payment policy. <--
15 ~~(12)~~ (13) A homeowners' insurance policy. <--
16 ~~(13)~~ (14) A short-term limited duration policy. <--
17 ~~(14)~~ (15) Any other similar policy providing for limited <--
18 benefits.
19 ~~Section 2. The addition of section 635.8 of the act shall <--~~
20 ~~apply to a health insurance policy offered, issued or renewed on~~
21 ~~or after the effective date of this section.~~
22 "INSURER" MEANS AN ENTITY LICENSED BY THE DEPARTMENT WITH <--
23 ACCIDENT AND HEALTH AUTHORITY TO ISSUE A HEALTH INSURANCE POLICY
24 THAT IS OFFERED OR GOVERNED UNDER ANY OF THE FOLLOWING:
25 (1) THIS ACT, INCLUDING SECTION 630 AND ARTICLE XXIV.
26 (2) THE ACT OF DECEMBER 29, 1972 (P.L.1701, NO.364), KNOWN
27 AS THE "HEALTH MAINTENANCE ORGANIZATION ACT."
28 (3) 40 PA.C.S. CH. 61 (RELATING TO HOSPITAL PLAN
29 CORPORATIONS) OR 63 (RELATING TO PROFESSIONAL HEALTH SERVICES
30 PLAN CORPORATIONS).

1 SECTION 2. THE ADDITION OF SECTION 635.8 OF THE ACT SHALL
2 APPLY TO THE FOLLOWING:

3 (1) FOR A HEALTH INSURANCE POLICY FOR WHICH EITHER RATES
4 OR FORMS ARE REQUIRED TO BE FILED WITH THE INSURANCE
5 DEPARTMENT OR THE FEDERAL GOVERNMENT, A POLICY FOR WHICH A
6 FORM OR RATE IS FIRST FILED ON OR AFTER THE EFFECTIVE DATE OF
7 THIS SECTION.

8 (2) FOR A HEALTH INSURANCE POLICY FOR WHICH RATES OR
9 FORMS ARE NOT REQUIRED TO BE FILED WITH THE INSURANCE
10 DEPARTMENT OR THE FEDERAL GOVERNMENT, A POLICY ISSUED OR
11 RENEWED ON OR AFTER 180 DAYS FROM THE EFFECTIVE DATE OF THIS
12 SECTION.

13 (3) A CONTRACT BETWEEN A HEALTH CARE PRACTITIONER AND AN
14 INSURER THAT IS EXECUTED OR RENEWED ON OR AFTER 180 DAYS FROM
15 THE EFFECTIVE DATE OF THIS SECTION.

16 Section 3. This act shall take effect in ~~160~~ 60 days.

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